

Proposal Cover Sheet

Virginia Department of Social Services, Division of Child Care and Development, 7 North Eighth Street, Richmond, Virginia 23219

Request for Proposal Number: CCD-08-069

Sub-grant Program:	Infant/Toddler Specialist System		
Applicant Name:			
Applicant Mailing Address:			
Physical Location: (if different from mailing address)			
Applicant Federal Tax ID Number:			
Sub-grant Period:	Upon contract award through June 30, 2010		
Type of Application:	New		
	Program Director/ Administrator*	Program Coordinator*	Finance Officer*
Name:			
Title:			
Address (if not the same as above):			
Phone:			
Fax:			
E-mail:			
Project Budget Summary			
VDSS Funds	Other Funds**	Grand Total	
\$	\$	\$	

Are there any start-up requirements that you will need? _____

* The *program director/administrator* is generally the person responsible for the overall sub-grant administration and compliance with sub-grant guidelines. This could be the agency's executive director, CEO, etc. The project director should be kept up to date on both the financial and project success since this is the person VDSS holds accountable for the sub-grant. The *program coordinator* is responsible for the day-to-day management and implementation of the sub-grant project. This person may actually run the project or may supervise a staff member who is doing the hands-on work. The *finance officer* is the agency's designated financial officer or grants officer who is responsible for tracking sub-grant expenses and ensuring financial compliance with the sub-grant guidelines.

** It is *only* necessary to complete this space when fees are charged for services.

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INCLUDED?	RFP SUBMISSION CHECKLIST
	Three (3) full proposals with original authorized signatures (signed in ink); full proposal includes: <ul style="list-style-type: none"> • complete copy of RFP and all addenda acknowledgements, if any, signed and filled out as required • project narrative (limited to 25 pages, double spaced) • completed attachments E – I • SF 424B – Assurances – Non-Construction Programs (completed and signed in ink by authorized representative) • letters of support (minimum of 3) • independent audit report or statement that no audit report was previously required (only 1 for the entire submission package)
	Four (4) copies of original signed proposal; copies include: <ul style="list-style-type: none"> • project narrative • completed attachments E–G • letters of support
	COMPLETE RFP (pages 1 & 2 completed and signed, page 30 signed, authorized representative to sign in ink)
	ALL ADDENDA (signed to acknowledge change(s), authorized representative to sign in ink)
	ATTACHMENT E– Proposal Cover Sheet (completed and signed in ink by program director/administrator or program coordinator and finance officer)
	PROJECT NARRATIVE (25 page limit, double spaced); includes and is organized in the following order:
	• current track record of positive impact
	• financial track record and strength
	• capacity, skills and experience of leadership who would be involved with oversight or implementation of the plan
	• understanding of market context, including analysis of existing services, delivery and systems for infants and toddlers as well as existing gaps
	• description of your plan and approach/process to accomplish the goals of the RFP
	• projections for expanding the infant/toddler specialist system
	ATTACHMENT F – Overview of Activities and Outcomes (use instructions; chart completed)
	ATTACHMENT G – Itemized Budget Summary (budget completed for each year of the contract, any income and justification of expenses included (explain expenses and how costs were determined), may attach narrative for the justification except for salary and benefit justifications) <ul style="list-style-type: none"> • itemized budget summary for 9/15/08-6/30/09 for no more than \$600,000 VDSS funds • itemized budget summary for 7/1/09-6/30/10 for no more than \$1,400,000 VDSS funds
	SF 424B – Assurances – Non-Construction Programs (signed in ink by authorized representative)
	ATTACHMENT H – Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions (use instructions, signed in ink by authorized representative)
	ATTACHMENT I – W-9 Form (completed, signed in ink by authorized representative)
	LETTERS OF SUPPORT (at least 3 current letters)
	INDEPENDENT AUDIT IN ACCORDANCE WITH THE SINGLE AUDIT ACT AND OMB CIRCULAR A-133 OR STATEMENT THAT AN AUDIT REPORT WAS NOT PREVIOUSLY REQUIRED (only 1 for the submission)

REQUIRED SIGNATURES

Program Director/Administrator or Coordinator

Date

Finance Officer

Date